



**PRESCRIPTION DRUG DONATION PROGRAM
PARTICIPATING PROVIDER FORM**

Completion of this form meets the requirements to participate in the Prescription Drug Donation Program (hereafter referred to as "Program") as specified in the Texas Health and Safety Code Chapter 442 and Texas Administrative Code Title 25, Part 1, Chapter 95.1-95.9. The form may also be used to withdraw as a Participating Provider by checking the appropriate box as shown below.

Participating Provider Information		
Health Care Facility or Pharmacy Name:		Pharmacist Name (if applicable):
Telephone Number:	Fax Number:	Email Address:
Address:		
License/Registration Number:	Names of Agency/Board Issuing License Number:	
Primary Contact for Program Communications:		Primary Contact Phone Number:
Primary Contact Email Address:		Primary Contact Fax Number:

☐ The Health Care Facility, Pharmacy, or Pharmacist shown above elects to ENROLL as a Participating Provider in the Program.

☐ The Health Care Facility, Pharmacy, or Pharmacist shown above is registered as a Participating Provider and elects to WITHDRAW from the Program.

"I am the pharmacist, physician, nurse practitioner, or manager acting on behalf of the health care facility, pharmacy, or pharmacist listed above. The health care facility, pharmacy, or pharmacist is in compliance with all applicable federal and state laws including those related to the storage and distribution of drugs and holds an active, non-restricted state issued license in good standing in Texas. I have read the rules related to the Program and agree that this health care facility, pharmacy, or pharmacist shall comply with the laws and regulations as defined in Texas Health and Safety Code, Chapter 442, and Texas Administrative Code Title 25, Part 1, Chapter 95.1-95.9.

Signature of Pharmacist, Physician, Nurse Practitioner, or Manager

Date

Printed Name

Please send completed form by fax to 512-776-7489 or email rxdrugdonation@dshs.texas.gov. Upon confirmed receipt by the Department of State Health Services, the health care facility, pharmacy, or pharmacist referenced above may begin acting as a Participating Provider in the Program. The current list of Participating Providers can be found at <http://dshs.texas.gov/drugdonationprogram.aspx>.

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